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Original Communications.

CLINICAL OBSERVATIONS ON CONTAGIOUS  
IMPETIGO.

Remarks before the New York Dermatological Society,  
September, 1871, by R. W. TAYLOR, M.D., New York,  
Surgeon to the New York Dispensary, Department of  
Venereal and Skin Diseases.

MR. PRESIDENT AND GENTLEMEN,—I have been very much interested during the summer in the observation of a series of cases which presented peculiar lesions, and which, I am convinced, belong to that variety of pustular diseases which that accurate observer and accomplished dermatologist, Dr. Tilbury Fox, has named *impetigo contagiosa*. I had read the description of this disease by Dr. Fox, and I was anxious to have the opportunity of observing some cases of it. You are undoubtedly aware that the opinions of prominent dermatologists are not definitely settled as to the existence of this disease as one *sui generis*, and therefore any observations upon the subject possess a certain amount of interest. I think that a study of the various cases which I have seen will fully show the nature and features of the disease.

A woman brought two of her children to the College clinic in July of this year. She said that her oldest daughter, who was 4 years of age, had contracted an eruption from a child at school, but that the rash was on the face of her child while that on the other child was on the hands. Upon examination, I found several patches of erythematous integument around the mouth and upon the child's chin. These patches were of different shapes and sizes; some were round and others irregular and gyrate, as if formed by the fusion of several round patches, and they varied in size from two lines to an inch in diameter. Besides these erythematous patches, there were some peculiar yellow-colored crusts, which were elevated above the integument, and appeared, as described by Fox, as if "stuck on." Some of them adhered very closely, while

others had begun to separate at their margin and could be quite easily detached, and under them was seen the erythema above described. These crusts were of a light straw-color, and of the thickness of blotting paper; were somewhat laminated in appearance, and seemed composed of epidermis and dried pus. The more recent ones were slightly darker and less dry and adhered closely. These crusts differed in color and consistence from those of eczema. Upon this child these were the only conditions of the lesion to be observed, consequently its initial stage was wanting. Now, in order to prove that the disease is one *sui generis*, I think it is well to study each of its stages carefully, and I think there are certain features in its erythematous or declining stage, which I have just described, which clearly indicate that it is not an eczema. These erythematous spots, when first observed after the fall of the crusts, presented a bright-red color, there was a very slight desquamating fringe around them, but upon their surface there was no tendency to desquamation, nor was there any punctate redness; in fact, the peculiar appearance of an immature and tender epidermis as seen after eczema was not observed here, but there was a new epidermis of considerable solidity, with no subjacent infiltration whatever. This erythema rapidly faded, becoming at first more dusky, and when it had disappeared there was no trace of previous inflammation. This eruption had begun about the middle of June, and about the first of July the mother noticed it upon the younger daughter, who was four months old. In the older child there was no perceptible febrile movement either before or during the evolution of the rash; but the younger child was noticed to have a well-marked fever, which came on three days before the rash appeared and ceased on the day following its evolution. Now, upon this second child I could study the initial stage of the lesion, as well as its later stages. The mouth was surrounded by crusts, which only differed from those of the first case in the fact that they had not

gone on to such thorough desiccation; but on the shoulders I could observe large and small vesicles, which exactly corresponded with crusts upon the under surface of the jaw, and I think were due to contagion from their secretion. The child's neck was fat and chubby, and its chin nearly rested upon the shoulders, hence the facility to contagion. Now the appearance of these vesicles was very characteristic. Their enveloping capsule of epidermis was very thin, which rendered it easy to see that their contents were sero-purulent, as they were of a milky rather than a yellow color, hence I think that the serous element predominated over the corpuscular element; in fact, the fluid seemed to be one stage further advanced in point of its corpuscular character than the recent serum of pemphigus, and not so far advanced as the pus of eczema impetiginodes. The shape of the vesicles was distinctly acuminate, and they were seated upon an erythematous base, which was not at all elevated. At their commencement, they were of about the size of a small miliary papule, and they showed no tendency to umbilication. Their course, as seen in this and other cases, seemed to be as follows: the vesicle enlarges at its periphery, but does not become elevated in the manner that a pemphigoid bulla does; on the contrary, it gradually flattens itself out, becoming, in some instances, decidedly umbilicated, and at its maturity, when it may be of a diameter of from less than one line to an inch, and when many may have coalesced forming gyrate patches, it consists of a capsule of epidermis enclosing a sero-purulent fluid, which, in the process of maturation of the vesicle, becomes more corpuscular in character and consequently more yellow and dark. The further process in the formation of the crust consists in the gradual desiccation of the fluid until it assumes a considerable consistency, and then is no longer capable of separation from its epidermal envelope, but constitutes the peculiar yellow or straw-colored laminated crusts, seated above the level of the integument, and appearing as if stuck on. This process takes about six days. There are other changes in the development of this vesicle which are readily observed and which, I think, are of considerable clinical importance. I just now stated that there was an erythema surrounding each vesicle. This is usually of a line or less in extent around the whole vesicle. Now, then, as the vesicle enlarges circumferentially, this erythema seems to disappear until, finally, at the complete de-

velopment of the vesicle, there is scarcely any erythema to be observed, showing, I think, that the processes are distinctly limited, as a rule, in their extent. Now, as I said before, there is no resemblance, whatever, in this enlarged vesicle to the appearance of a bulla; the nearest simile with which I can compare it is a typical vaccinal vesicle, or, again, to that rare form of herpes described by the French as *hydra bulleaux*. Its elevation is never great, generally about one-third or one-quarter of a line, and it is interesting to observe how rapidly this expanded vesicle develops into a typical crust. The umbilication is not absolutely constant, nor is it so well marked as in the vaccinal vesicle; this may be accounted for, however, by the fact that it is less elevated than the latter. This, I think, gives a clear clinical history of this affection, and I think that we shall see that it has features peculiar to it as well as a demonstrable anatomical lesion, which differs in its course from that of similar lesions in other diseases. I might add in this connection that the mother had a similar vesicle upon one phalanx of a finger, and that it resembled a burn very closely and ran the same course as did the other vesicles, except that in this instance there was rather more erythema around it than is observed where the vesicles are situated elsewhere upon the body. So that while I think that usually the circumferential erythema declines to a great extent in some cases, and that this feature is of diagnostic importance, it may continue, in some cases, to surround the crust. I shall speak on this point a little further on. Besides the mother, a third child was similarly attacked and the lesion ran a similar course. Now in the observation of two other series of cases I saw that there were accidental complications which may arise in the course of the disease. I saw a child upon whose forearm these typical crusts were seen quite copiously distributed over its outer and inner aspect, and between them there was considerable hyperæmia, with some oedema. As I was then familiar with the disease, I at once saw that it was not an impetiginous eczema, but the fact struck me very forcibly that it would have, under other circumstances, escaped recognition, and have been classed as an eczema impetiginodes. Now I think that it will not be a waste of time to describe the appearances presented by this case, as they are somewhat unusual to the course of the disease. The crusts were, as I have said, quite copiously distributed, and in all stages of de-

velopment, some presenting the appearance of an expanded vesicle, the contents of which were becoming inspissated, others of the typical straw color and stuck-on appearance, and more or less adherent, and when elevated by the finger-nail, presented the erythematous surface already described. Between these crusts was a slightly cedematous hyperæmic integument. Upon the margin of this hyperæmic patch the typical vesicles were to be observed. Now the involution of this rash showed very plainly that it was not an eczema, because it took place as follows: The erythema between the crusts rapidly disappeared when the crusts had become dry and fell off, and when the crusts had fallen was no longer noticeable, and was, in fact, a perfectly sound integument. But the erythematous surfaces upon which the crusts had been situated remained over a week and disappeared gradually as in the other cases. So I think that, upon some integuments, a hyperæmia of considerable degree may be produced, and is, perhaps, accounted for by the peculiar irritability of the integument of the patient. I have observed this, also, upon the face of another child, and I think it is a fact which it is important to know. Then, again, in another case, I saw that a typical acute eczema was induced, and that by it the features of impetigo contagiosa were so thoroughly marked that I should not have recognized it had not I seen its development; but on looking at the abdomen and the legs, I saw the typical new vesicles appearing, and this settled the diagnosis. Then, again, when this lesion is developed in the hairy scalp, the crusts are not by any means typical, but resemble very much those of eczema impetiginodes, and would certainly pass for those of that disease were not the diagnostic features of contagious impetigo seen elsewhere upon the body.

Then, again, there is another feature which struck me as being unusual in this disease, and that is a slight ulceration under the crusts. You will remember that I said that in the first cases when the crusts were elevated a bright shining integument was seen; but in two cases, I observed that when I elevated the crusts I exposed an epidermis covered with a light-colored viscid secretion. This, I suppose, is also due to the greater susceptibility of the integument to the irritant action of the disease.

From what I have seen of this disease, I am inclined to think that itching is not a prominent feature of it, as I saw very little of the results of scratching, which would

certainly be observed if the rash itched. But in one case, it having occurred around the mouth, it did itch slightly, and then, in consequence of scratching, the features of the disease were obliterated. I am convinced that it is an inflammation of the superficial portions of the derma, for after its retrocession it seems that only a few layers of the epidermis have been thrown off, and that reparative action is rapidly established. Then, again, there usually seems to be no tendency of the patches to ulcerate either in extent or depth, nor is there a tendency to the production of large quantities of pus. In fact, it strikes me as being a skin disease, self-limited in its duration, leaving the integument in a healthy state, without any thickening, hyperæmia or desquamation. As regards its duration, I think that an average may be stated at from ten to fourteen days before all traces have disappeared. In its evolution it may appear in several successive crops of greater or less abundance, and may thus occupy a longer period of time, but we shall see that remedies have a decided effect upon its duration. It seems to be developed on all parts of the body, upon the face more particularly, and also on the scalp and upon the posterior aspect of the neck; it is most sparsely distributed upon the trunk, and is about equally distributed upon the legs and arms. I have not seen it, as stated by Fox, situated around the vaccination cicatrix. I am unable to state positively in regard to the more or less constant occurrence of a prodromal fever, but from the cases which I have seen, in all about twelve, I think that the fever is greatest in quite young children and becomes less severe in those older. I have no doubt, also, that the extent of the rash has a qualifying influence upon its intensity.

Now, then, we come to the important question of the contagiousness of this rash. The clinical facts observed in my cases certainly favored the view of a contagious element, and such was the opinion of the mothers of the children. It certainly is singular that the same rash appeared in one child after another, and in each ran a similar course. Now, then, to satisfy myself as much as possible, I scarified very slightly and without producing blood the integument upon the arm of a young physician, and laid upon it a portion of one of these crusts slightly moistened, and retained it there by plaster. Very soon an itching was noticed, an inflammatory action was set up and a crust similar to the other crusts was formed, and when it fell off the pecu-

liar erythematous surface remained. I am not absolutely positive, though I lean to the opinion of its contagious character, and I have been struck with the features in which it resembled the exanthemata, namely, in the critical fever and definite period of duration. My friend Dr. F. P. Foster, who saw some of the cases, suggested to me that perhaps it was a modified varicella.

The clinical description of this disease seems as follows: isolated vesicles sparsely scattered appear upon the face, head, arms, body and legs; they are at first surrounded by slight erythema, which, when they become enlarged and flat, disappears. This large, flat vesicle soon becomes a thin, yellow-colored, elevated crust, which may remain of its original size; or if perchance several vesicles are developed close together may coalesce and form a patch. In the course of a few days the crusts dry and fall off, and then we have the typical erythematous surface. The exceptions to this course have been alluded to above. The disease may manifest itself by one crop of vesicles or by successive crops, each crop lasting, in an uncomplicated case, about ten or twelve days. It occurs mostly among the poorer classes; and of the cases seen by me some were dirty and ill cared for, others were scrupulously clean. The diagnostic features are—the isolation of the vesicles, their peculiar course, the appearance of the crusts, the erythematous surface and the limited duration of the whole eruption.

The diseases with which the one under consideration might be confounded are—eczema impetiginodes, scabies in its pustular form, pemphigus and varicella. I have already called attention to the differences between it and eczema. As to scabies, it is so rarely wholly pustular, it has its well-marked sites of election, and generally is attended with papules and very often with the diagnostic acarian furrow and its peculiar itching, that I think no one can possibly confound the two diseases. In pemphigus the bullæ are prominent and the initial lesion is never by a vesiculo-pustule, and its contents, at least early in its history, are not so purulent in character, and the crusts are wholly different. In varicella the pustules rapidly desiccate and show no tendency to enlarge and cover so great an area as the crusts of impetigo contagiosa usually do; besides this, the crusts of varicella are more conical and of a dark color, and under them we find more loss of tissue. Thus, gentlemen, I think we are warranted in accepting this disease,

as claimed by Dr. Fox, as one *sui generis*, and if we are not willing to wholly acquiesce to its truly contagious character, we must admit that it has its peculiar lesion which runs a peculiar course.

As to treatment, in the cases in which I observed a febrile movement I, from routine, gave quinine, and I think it did some good; but I am certain that topical treatment aborted the development of the vesicles. When I prescribed for the first case, I could not recall to mind the ointment so strongly recommended by Dr. Fox, so I ordered the application of benzoated zinc ointment, and it answered my purpose admirably. It caused the crusts to fall rapidly and the erythema to disappear likewise, and when applied to vesicles just commencing, and to others more fully developed, it caused them to rapidly wither, and this is certainly a very great desideratum, as it relieves the patient and renders others less liable to contagion; for although we have suggested that perhaps there was an exanthematic element in the case, under which circumstance contagion would be only an epiphenomenon, we certainly must admit that the pus of this disease, when planted upon a healthy integument, produces similar changes to those produced upon the integument of the person who furnished it.\*

New York, May 15, 1872.

#### A CASE OF RECURRENT VARIOLA AFTER A SHORT INTERVAL.

By M. E. WEBB, M.D., Boston.

W. H. P., of East Boston, aged 7 months, was vaccinated when 6 months old, but the operation was unsuccessful. On Tuesday, the 12th of March, the child was taken sick, becoming very fretful and presenting some febrile symptoms. A female physician was in attendance, who treated the child for a common cold. On Thursday following, an eruption appeared, which was pronounced chickenpox.

Dr. Crane, of East Boston, saw the case on Friday for the first time, and pronounced the disease variola discreta. He reported it as such to the Board of Health, and Dr. S. A. Green, City Physician, saw it on the

\* Since writing the above, I find that Dr. Moritz Kohn, of Vienna, admits the existence of the disease, and that he states that he has discovered a parasite in it. I carefully examined the recent pus from a pustule of one of my cases as well as a small portion of dried crusts, but was unable, even with the aid of high powers, to find any appearance of a fungus. The whole field was occupied by pus corpuscles, granular debris and epithelial scales in various stages of development.

R. W. T.



16th, and confirmed the diagnosis. This child undoubtedly received the contagion from its sister, 3 years of age, who had been attacked twelve days previously. There had also been several cases of smallpox in the immediate vicinity. The diagnosis was still more fully substantiated by the fact that a boarder in the house became infected some twelve days after, and died of the disease.

The disease in the case of the child went through a regular course, the only peculiarity observed being that the crusts fell off early, leaving several well-marked and characteristic scars in various parts of the body.

The child recovered its health perfectly, and continued well until Friday, the 12th of April, when it began to be troublesome, as before. Presently vomiting began, which continued through the day and part of the night. On Saturday an eruption appeared, first on the face and gradually extending over the body and extremities. Dr. Crane saw the case the second time and pronounced the disease variola, and so reported it.

Through the kindness of Dr. Green, I visited the patient with him on the 16th. At that time the child was thickly covered with an undoubted variolous eruption of the confluent form. The old cicatrices, plainly distinguishable, were thickly surrounded by vesicles; and some of the latter even pushed up through the indurated cuticle of the scars themselves. There were three scars upon the face and one upon the left leg, all very prominent, and presenting the appearances above alluded to, the eruption being thicker around them than on other parts of the body.

The child, accompanied by its mother, was admitted to the Smallpox Hospital the same day, and an unfavorable prognosis given.

The disease ran its regular course. The eruption soon became confluent, and purpuric spots appeared on all parts of the body. On the 18th it refused to nurse, and died on the morning of the 20th, on the eighth day of the disease, during the secondary fever.

Dr. Green informs me that he has seen, the present year, seven cases, of which he has kindly shown me four, which have had variola the second time. They all presented marks of the second attack, but in all from fifteen to forty years had elapsed between the first and second infection.

The element which makes this case the more interesting is the remarkable susceptibility to variolous poison in a child previously healthy and well nourished; that

within the short space of five weeks it passed through one attack of variola, recovered, became infected the second time, enjoying good health during the period of incubation; and was again seized with the disease of a severer form, ending in death at the third stage.

#### MAINE GENERAL HOSPITAL.

GREAT as had been the recognized need for many years of a general hospital in Maine, the subject was never brought prominently before the medical profession until the annual meeting of the Maine Medical Association in June, 1867. In his inaugural address, the President, Dr. S. H. Tewksbury, of Portland, proposed that immediate steps be taken toward the establishment of such an institution, and a committee, of which Dr. J. T. Gilman, of Portland, was chairman, was appointed to take the whole matter in charge.

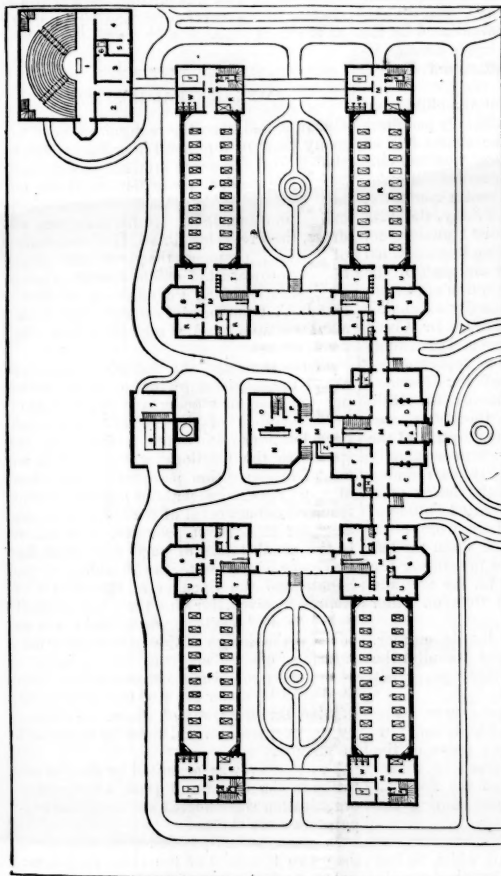
The next winter, the committee memorialized the Legislature for an act of incorporation and for a pecuniary appropriation in furtherance of the object. Financial considerations prevented a favorable response to the petition for money; but an act of incorporation passed both branches of the Legislature without opposition and received the approval of the Governor. As amended in 1870, it provides, in addition to the usual terms of such acts, that the Governor of the State, the President of the Senate and the Speaker of the House of Representatives, for the time being, shall be a Board of Visitors, whose duty it is to see that the design of the institution is carried into effect; also that the executive affairs and general management of the hospital shall be under the direction of a Board of nine Directors, six of whom are chosen by the Corporation, and three by the Board of Visitors.

The charter was accepted by the Corporation in the autumn of 1869, a temporary organization was effected and associate corporators were chosen.

In response to a petition signed by more than two thousand of the most prominent men in various parts of the State, the Legislature, at its session in 1870, passed a resolve by the provisions of which the lot on Bramhall's Hill, Portland, the site of the State Arsenal, was ceded to the hospital, with the condition that the grant should not take place until private subscriptions to the amount of \$20,000 were raised. It was also provided that the State should give

the hospital \$10,000 when \$30,000 had been expended in the construction of the buildings; and \$10,000 more when \$50,000 in all had been expended.

hundred feet. In every respect, the site is all that could be desired. Being on the summit of a high hill, it is impossible that the free access of fresh air and sunlight



## REFERENCES.

- |                           |  |                       |
|---------------------------|--|-----------------------|
| A. Vestibule.             | O. Store-room.                         | 1. Operating theatre. |
| B. Superintendent's room. | P. Larder.                             | 2. Etherizing room.   |
| C. Parlor.                | R. Ward.                               | 3. Waiting room.      |
| D. Physician's room.      | S. Convalescents' day and dining room. | 4. Ward.              |
| E. Dispensary.            | T. Nurse's room.                       | 5. Bath room.         |
| F. Dining room.           | U. Ward Kitchen.                       | 6. Water closet.      |
| G. China closet.          | V. Bath room.                          | 7. Engine room.       |
| H. Water closet.          | W. Lavatories and water closet.        | 8. Bath room.         |
| I. Elevator.              | X. Drying closet.                      | 9. Porch.             |
| J. Closet.                | Y. Lift.                               |                       |
| K. Corridor.              | Z. Pantry.                             |                       |
| L. Kitchen.               |  |                       |

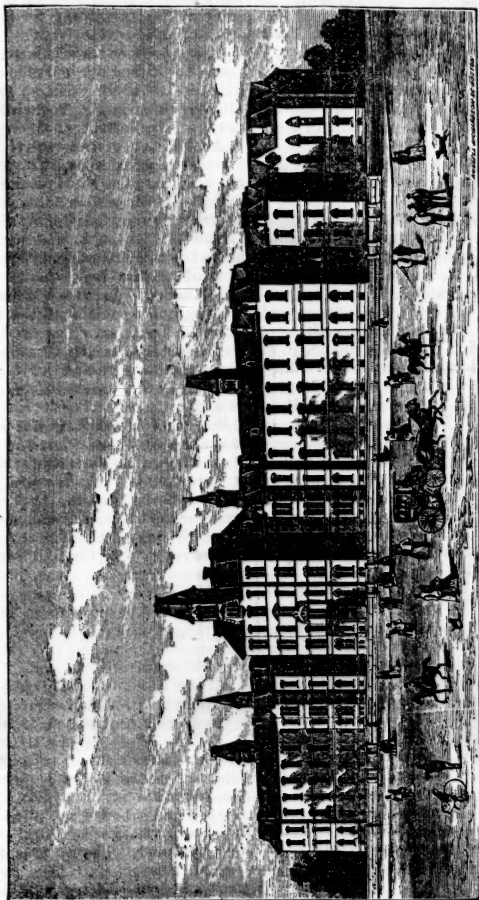
The condition relative to the arsenal grounds was quickly complied with, and the city of Portland generously gave the adjoining land, thus putting the hospital into possession of a lot more than seven acres in extent, bounded on three sides by streets, and with a frontage both on Congress and Arsenal Streets of more than five

can ever be interfered with by the proximity of surrounding buildings; and the facilities for perfect drainage are unexcelled, the hilltop being more than a hundred feet above the main sewer on Congress Street, giving a fall of about one foot in ten. The view, too, from the hospital would attract the attention and admiration of the most

unobservant. On the one hand, are the blue waters of Casco Bay, broadening out into the Atlantic; on the other, a lovely inland scene, the White Mountains looming up grandly in the distance, woody hills and verdant plains intervening, with here and

constant; for, though the hospital is 145 feet above the level of the sea, it is 100 below the level of Sebago Pond, from which the city is amply supplied with water.

In January, 1871, the following officers were elected: President, John B. Brown;



MAINE GENERAL HOSPITAL.

there a glittering lake or winding river, all combining to make a picture of extraordinary beauty.

The supply of water is inexhaustible and

Directors, John T. Gilman, Phinehas Barnes, Andrew Spring, A. W. H. Clapp, Horatio N. Jose, William Deering, Samuel F. Hersey, Joseph H. Williams and George

Walker; Treasurer, James T. McCobb; Secretary, Frederic Henry Gerrish. The death of Mr. Barnes made a vacancy, which was filled in October by the election of Israel Washburn, Jr.

The Directors chose Mr. F. H. Fassett for architect, who, in company with prominent physicians, visited the principal hospitals in New England and New York, and had the amplest opportunities for observing the defects as well as the excellencies in all these institutions; and it is believed that his plans embody all the advantages it is possible to combine in a single hospital.

The plan includes a central building, four pavilions, kitchen, boiler-house and operating amphitheatre.

The main building, four stories high, stands midway of the lot, sixty feet from and facing Arsenal Street. It contains rooms for the superintendent and household, executive offices, cabinet, library and dispensary on the first and second floors, and private wards on the third and fourth.

On either side, and at a distance of seventeen feet, is a pavilion, three stories high and 145 feet in length; sixty feet behind each of these and parallel with it, is another pavilion. The two in front face on Arsenal Street, while those in the rear face toward Congress Street. A description of one answers for all. The central portion of the second story is occupied by the main ward, eighty feet long, thirty wide, and fifteen high. It is calculated for 20 patients, 10 on a side, thus giving eight feet from the centre of one bed to the centre of the next—as much as is allowed in any hospital in the world. The room has six double-hung windows on each side, which run nearly to the floor, thus giving the patients an opportunity to look out. For each bed there is a gas jet and a ventilating flue, and a heating register for each two beds. There are four open fire-places, one in each corner. In the wing of the pavilion toward the central building are the nurses' room, ward-kitchen, convalescents' day-room and dining-room, two small wards, water-closet and stairway. In the other wing are the stairway, lavatories, bath-room, water-closet and one small ward.

The third story is like the second in every particular.

The rooms in the lower story are thirteen feet high, those in the ends corresponding precisely with the rooms immediately above. The front half of the central portion is divided into four rooms, which are separated by sliding partitions only, so

that all may be thrown into one large room. This is to be used as the accident wards. The rear half is divided into six small rooms for attendants and servants.

The wings of the pavilion are absolutely fire-proof, and the main portion is practically so, the girders being of iron and the floor double, enclosing an inch and a half of grouting.

The pavilions are connected with the central building by corridors two stories high, and entirely open at the sides, thus allowing a perfectly free circulation of air between the buildings.

At the back of the central building, and connected with it by a closed corridor, is the kitchen. On the first floor are the larder, pantry and main kitchen; and on the second, the cook's living-rooms.

Still further back, and entirely disconnected, is the boiler house, two stories high, containing the boiler-room, engine-room and laundry. In this building the steam is generated by which all the buildings are heated. The main chimney-shaft, one hundred feet high, has air-chambers around it, in connection with and for the purpose of ventilating the water-closets, drains, kitchen and laundry.

Further back still, is the amphitheatre. It is a square building, on the ground floor of which are apartments for the treatment of out-patients. Above are a reception-room, etherizing-room, bath-room, a small ward for the temporary accommodation of a patient who is unable to be carried further, a "glass room" for examinations and operations requiring a very strong light, and, finally, the operating-room with seats for two hundred and fifty spectators. The building is so arranged that the hospital patients cannot possibly be annoyed by the coming and going of students.

All the buildings are of faced brick, laid with lime and cement, with underpinnings of Hammond granite from Thomaston, and trimmings of Nova Scotia free-stone of two colors. The stairs are of iron, the roof of slate, and the cornices of galvanized iron. The floors are of birch, the boards being tongued and grooved and blind-nailed. The walls have a hard sand finish, all the angles being rounded. The wood work is of ash, finished very plain. The apparatus for heating and ventilating is of the most approved pattern.

This description will be made clearer by a reference to the accompanying cuts. The first is the plan of that portion of the grounds that will be occupied by the buildings, and represents the second floor of the

four pavilions and the amphitheatre, the ground floor of the other buildings. The second is a perspective drawing of the hospital as it will appear when completed.

The corner-stone of the eastern pavilion (that at the lower right-hand corner of the plan) was laid Aug. 29, 1871. The roof was put on late in the fall, and work was then suspended for several months, as it could not be economically prosecuted in the short and cold days of our northern winter. Several weeks ago, work was resumed, and the building will soon be completed. The central building (the foundation of which is already laid) will be erected this season, and the kitchen and boiler house as soon as sufficient additional subscriptions are secured. Unless unforeseen obstacles prevent, the hospital will be ready to receive patients in the summer of 1873.

The total value of the hospital's property and available resources is more than \$103,000. There is enough money at present in the treasury to finish the pavilion, now nearly completed, and erect the walls of the central building. About \$30,000 additional is needed to build the kitchen and put in the heating apparatus. The citizens of Portland have contributed \$45,000 of the \$47,000 that has been raised by private subscription, and a movement will soon be made to secure subscriptions from all the towns in the State.

F. H. C.

## Hospital Reports.

### BOSTON CITY HOSPITAL.

#### SIX CASES OF FRACTURED CRANIUM.

Reported by GEORGE E. COULTHARD, House-Surgeon.

CASE I.—(*Service of Dr. Homans.*)—June 25th. C. M., æt. 7, a slender youth of delicate appearance, while pursuing his pastimes, fell a distance of eleven feet. At the time of entrance to hospital, there was hæmorrhage from both nostrils; he complained of chilly sensations and at frequent intervals vomited, the vomitus being mixed with coagulated blood. Pupils normal, responding readily to light. Pulse 64, intermittent, of fair strength. Above left ear there was a depression of skull, circular in outline, two and one-half inches in diameter. Respiration normal, easy.

Dr. Homans made a crucial incision at the posterior edge of the circular depression, and applied the trephine, elevating the por-

tion of bone in that neighborhood. The trephine was again applied at the uppermost part of the circle and the remainder of the depressed bone restored to its normal position. The edges of the extremities of the incisions were apposed, the greater part of the wound being left open. Cold applications. Stimulants by mouth and rectum.

26th.—Quite bright this A.M. Passed a good night. Vomited somewhat through day.

27th.—Sat up in bed part of day. Pulse 96, regular, good. Tongue with thin creamy coat.

28th.—Slight suppuration in wound. Right eye almost completely closed from serous effusion. Pulse 100.

29th.—Took solid food.

July 3d.—Running about ward. Healthy suppuration.

25th.—Pus now bagging above ear, below incisions. General health excellent.

Aug. 14th.—Original wound mostly closed, but a thin purulent matter still continues to escape, on pressure, over swelling above ear.

Sept. 11th.—Exploring trocar revealed no pus.

Oct. 1st.—General health excellent. Swelling still continues. Pus of thicker consistency. Mind unimpaired.

22d.—Bone necrosed and exfoliating.

Nov. 6th.—Seton inserted.

17th.—Patient was etherized and two pieces of carious bone as large as ungual phalanges removed.

28th.—The wound is filling in healthily.

Jan. 9th.—Discharged with granulating wound two inches in length and one inch and one-half in width.

CASE II. (*Service of Dr. Homans.*) June 27th.—E. S., æt. 11, a stout, robust lad, while engaged in play, fell a distance of 12 feet, striking upon the hard ground. On arrival at the hospital, he was in a semi-conscious condition, the pulse at wrist being inappreciable, and extremities cold.

On examination, the vault of the cranium about and anterior to the junction of the coronal and sagittal sutures was found comminuted and depressed, the scalp also being somewhat lacerated.

The patient was etherized, and the scalp having been incised, the trephine (one-half inch diam.) was applied at a point a little anterior to the parietal eminence. Three pieces of bone were removed; one measuring two inches in length by one and one-fourth inch in width, the other one and one-half inch in length by three-fourths of



an inch in width, the third piece being much smaller. Cold applications to the wound, which was allowed to remain open. Stimulants were directed in form of lemonade and rum—six parts to one.

28th.—Semi-conscious condition continues. Pupils dilated considerably. Three involuntary dejections. Pulse 160, but inappreciable at the wrist.

29th.—Very restless through night, and shouting deliriously at intervals. Is kept in bed with difficulty. Pulse 136, stronger; has returned at wrist. Respiration 22, regular. Cream and rum.

30th.—Suppuration established. He is more rational and signifies a desire for drink. Pupils normal; pulse 120, stronger.

July 1st.—Quiet in bed. Helps himself to drink at bedside. Tongue with thin, creamy coat. Pulse 120.

2d.—Quite rational. Asks for solid food. Bowels costive.

R. Pil. cath. comp. No. ij. Nocte.

3d.—Walking, with assistance, about ward. In afternoon, deeply engaged in game of checkers with neighbor, who has simple fracture of skull. Slight paralysis of right side of face. Pulse 104.

10th.—Free suppuration; wound filling in at the extremities. Appetite excellent. Pulse 92.

17th.—Wound granulating healthily. Brain-infiltration in wound well marked.

Aug. 5th.—Wound healed, with exception of a small granulating surface about three fourths of an inch in length.

12th.—Faint line of granulations. Health in every respect excellent. Pulsation beneath cicatrix. Slight paralysis of right side of face remaining. Mind unimpaired and remarkably active. Discharged.

CASE III.—(*Service of Dr. Ingalls.*)—July 20th. J. Z., æt 10, was kicked by a horse and suffered a fracture of the skull, the greater portion of the bone occupying right temporal fossa being broken in. Cranium was trephined, and three pieces of bone removed; one piece two inches in length by one inch in width, the remaining parts being about one and a half inch by half an inch. There was also a laceration of the brain, a small portion torn off, protruding from the wound.

21st.—Convulsive movements. Right eye closed and ecchymosed. Convulsions more marked on side of injury. Pulse 84, very irregular.

22d.—Convulsive movements continue. Pulse 120. Potass. bromid. gr. v. 3 t d.

24th.—Pulse stronger, but convulsions still severe; most marked on left side of

face and right side of body. Hernia cerebri. Considerable discharge from wound.

28th.—Strong convulsions this morning on left side of face and body. Hernia protruding one inch.

29th.—No convulsions to day.

30th.—Hernia sloughing. Foul pus exuding on pressure.

31st.—Large amount of pus and disintegrated brain tissue pressed out. Talks incoherently and irrationally. Paralysis of left side of body. Head drawn to left.

Aug. 1st.—Dead.

CASE IV. (*Service of Dr. Thorndike.*)—Jan. 29th. H. O., æt. 24, was driving his car in a blinding snow-storm, when at the top of a hill, finding that he could not apply the brake, he freed the horses. They immediately ran, dragging him down the hill. Before reaching the bottom he was thrown with considerable violence against a car coming in the opposite direction. On arrival at hospital, there was found a fracture of the inferior maxilla, just to the right of the symphysis; also a flesh wound extending from outer angle of left eye downwards an inch. Both conjunctivæ were deeply congested, and the eyelids were ecchymosed. A number of slight bruises about the face, and profuse epistaxis. Jaw wired and bandaged. Epistaxis controlled by use of ice.

30th.—Patient restless and slightly delirious.

31st.—Persists in tearing off bandages, and has loosened wire till its removal is necessary.

Feb. 1st.—Delirium, typhoidal in character.

R. Quin. sulph., grs. ij.;  
Vini xerici, ʒss.

every four hours.

3d.—Ecchymosis disappearing. Patient more quiet. Appetite poor. Continues in a stupid state, and appears only partially conscious of his surroundings.

5th.—Jaw again wired. At 12, P. M., patient's condition suddenly changed. When sleeping quietly, breathing became stertorous, respiration slow, pupils contracted, insensible to light; pulse full, strong, 120; heart's action violent. Apparently a paralysis of right side, but with no distortion of face.

6th, 12.45, A. M.—Pulse weaker, 140. Respiration slower, with more spasm.

2.45, A. M.—Dead.

On autopsy there was found a fracture of base of skull, through middle fossa, the frontal plate being also entirely separated from orbital plates of frontal bone. Upper

part of anterior lobes covered completely with a large-sized, thick clot, extending either way as far as external angular process of frontal bone.

CASE V. (*Service of Dr. Cheever.*) Feb. 6th.—J. C. was taken to station-house last night intoxicated. This A. M. was found unconscious and brought to hospital.

On examination, respiration irregular; pulse full, slow and irregular. Right pupil dilated; left somewhat smaller. Bleeding from right ear. Paralysis of left side. Patient moves right arm and leg when pinched; but there is no motion of left side of body. In a stupor.

4, P. M.—Cannot be roused at all. Profuse perspiration.

8, A. M., 7th.—Unconscious. Breathing stertorous. Pulse rapid and weak, 150. Face congested.

10.10, A. M.—Dead.

*Autopsy.*—On opening the skull, a large clot, occupying nearly the whole surface covered by parietal bone, was found. The clot was four inches in diameter, one and one half inch in thickness, external to dura mater. In this region the brain was flattened and pressed deeply in by clot. Slight softening of base of left middle lobe. A fracture of stellate form, having its centre above and behind right ear, was found, which extended into base of skull through roof of external ear, as far as carotid foramen. Above, the fracture was traced for about two inches obliquely into parietal bone.

CASE VI. (*Service of Dr. Borland.*) Jan. 8th.—J. M. was brought to hospital about 5.20, P. M., with the statement that he was taken to police station two days previously, supposed to be intoxicated.

When first seen, decubitus dorsal, slight contusion over right eye, and abrasion over left. Face congested. Right pupil somewhat dilated and immovable; left more normal and responding to light. Eyes somewhat dry and glazed. Skin hot and moist. Sordes on teeth. Attempts to protrude tongue when shaken and told to do so. Tongue moist, somewhat coated. Inspiration stertorous; respiration somewhat noisy and blowing. When shaken, appears to be slightly conscious, but mutters indistinctly and incoherently. Unable to tell name distinctly. In attempting to move himself, motion is confined mostly to the right side. On pinching left foot, an attempt is made to retract it, but the response to irritation is decidedly greater in the right limb. There is a slight tendency to contraction of left arm and hand. On pinching

left hand, lying at side, the patient moves the opposite arm and hand. Slight power in left arm. No apparent facial paralysis. Passes urine as he lies. Pulse full and strong, 68, running up to 100 when roused. Respiration 40. Temperature 102°. Ice bag to head. Enema.

7.15, P. M.—Patient moving restlessly in bed most of time. Frequent and unconscious muttering. Stertor with inspiration continues. Expiration noisy, with slight puffing out of lips and cheeks. Pulse unchanged. Bowels moved by enema. Peculiar fetor of breath.

10, P. M.—Pulse varying from 72 to 140. Respirations 36, but varying. Loud stertor. Tracheal rales.

9th, 5, A. M.—Pulse not to be counted at wrist. Forehead warm and moist. Respiration 48, gasping. Little stertor.

5.40.—Dead.

On autopsy, there was found a fracture of the base of skull, with a large clot beneath right parietal bone, circular in outline, four inches in diameter, three-fourths of an inch in thickness at centre, and growing thin toward edges. Brain substance considerably depressed. Middle meningeal artery ruptured.

## Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED.

BY J. H. MCCOLLUM, M.D., BOSTON.

The Society met April 27th, the President, Dr. G. H. Lyman in the chair.

*Cancer of the Pancreas.*—Dr. Tarbell reported the case.

The patient was a man about 32 years old, who had no hereditary tendencies to disease and had never had any serious illness, although he was never very robust. Four months previous to the time when he was seen by Dr. T., he was suddenly seized, while walking in the street, with dizziness, pain in the head and vomiting; and subsequently he had similar attacks, with pain in the epigastrium and in the region of the liver. About three weeks before Dr. Tarbell saw him, the patient first noticed a swelling in the right hypochondrium. Feb. 26th, when he was seen for the first time, there was a hard tumor occupying the right hypochondrium, extending forward to the median line and downward nearly to the umbilicus. He was severely salivated by mercury, which he had been taking. By the advice of Dr. T., he was sent to the

Massachusetts General Hospital, where he remained about five weeks. While there, he recovered from the salivation and was quite comfortable, but the tumor steadily and rapidly increased. Soon after April 3d, when he left the hospital, he again came under the care of Dr. Tarbell. At this time the tumor occupied the entire right side of the abdominal cavity, from the ribs to the pelvis, and extended a little to the left of the median line. It was nodulated and very hard, but was not very sensitive on pressure. At two points—one in the epigastrium and the other about two inches below and to the right of the umbilicus—there was resonance on percussion, with a sense of fluctuation and gurgling on pressure. About ten days before his death, the patient became intensely jaundiced. Vomiting, which had thus far been only occasional, became constant. The bowels were regular until two days before his death, and there were not, at any time, fatty or clay-colored stools.

Intense pain was a prominent symptom from the first, but during the last three days of life the patient complained of a terrible tearing or gnawing pain at one point low down in the abdomen, and a feeling as if something gave way when he moved. He died after an illness of six months, and three months after the tumor was first noticed.

Dr. Fitz exhibited the specimen and gave an account of the autopsy. The lungs were oedematous, but otherwise healthy. The pelvis of the right kidney was slightly dilated. There was no disease of the liver. The cystic and hepatic ducts were distended by bile, and there was a considerable quantity of bile in the duodenum and stomach. There was a large tumor, nearly twice the size of an ordinary liver, situated in and behind the mesentery. The pyloric end of the stomach was in front of the tumor, and the transverse colon crossed near the centre. The mass of the tumor, which was cancerous in its nature and of the encephaloid variety, was made up of diseased mesenteric glands. The posterior portion of the head of the pancreas was also implicated and enlarged to the size of a lemon, while the remaining portions of the pancreas and the pancreatic duct were in a healthy condition. There was a nodule of secondary disease beneath the mucous membrane of the common duct and also one in the duodenum. At the lower portion of the tumor there was a large nodule, the surface of which was granular and denuded of periosteum, presenting at one

portion a distinct rent in the tissue. There was a considerable deposit of recent false membrane upon the peritoneum in the immediate vicinity of this rent. About a pint of bloody fluid was found in the peritoneal cavity, and in the pelvis nearly six ounces of coagulated blood. The tumor was found to consist of round and spindle-shaped cells, with granular and fibrous intercellular substance.

It was interesting to compare this case with the one reported by Dr. Bowditch, and also with Dr. Read's case, reported at the last meeting. In the latter cases, there was disease of the liver and thrombosis of the portal vein, but in the former, the liver and the portal vein were healthy. The duct of the pancreas was obstructed in Dr. B.'s case, while in this case it was normal. Fatty stools were a prominent symptom in Dr. B.'s case, and had attracted the patient's attention, while in this case they had not been present. The absence of any disease of the liver where there was so great an amount of disease in the abdominal cavity was unusual, and was interesting in relation to the theory of the propagation of disease by emboli.

Dr. Ellis stated that he had seen this patient once, about a fortnight after he left the hospital. Dr. C. said that he wished to speak of the results of percussion as compared with those of palpation in the diagnosis of the disease in this case. By palpation, there was detected, on the right side, a large, firm, irregular mass extending from the edge of the cartilages below and to the left of the umbilicus, apparently continuous with the liver; but by percussion, there was found a band of resonance, between two and three inches broad, extending from the epigastrium along the edge of the cartilages to the right lumbar region. The flatness of the liver extended from a line drawn through the right nipple to the line of resonance, by which it was separated from the flatness of the large mass in the umbilical region. The form of this mass and its relations to the liver were not such as are commonly seen in growths from that organ. These facts, together with the resonance, made it probable that the mass in the umbilical region had originated in the abdomen below the liver. As there were no symptoms pointing to disease of any of the abdominal organs, it seemed probable that the growth had commenced in some fold of the peritoneum or in the connective tissue. The autopsy, however, proved that the disease had commenced in the pancreas, which is the last organ in the body to be

invaded, and it had extended in such a direction as not to obstruct the duct, and therefore gave no indication of its seat. In accordance with the general rule, the liver should have been the seat of secondary formations, but none were found in this case.

Dr. Jackson remarked in this connection that, with one exception, every cancerous tumor of the pancreas that he had seen had been of the soft variety.

Dr. J. exhibited a large number of urinary calculi, of a very peculiar shape, which were found at the autopsy of the late Dr. Ball, of Northboro', who was between 80 and 90 years of age when he died. Dr. J. said that he knew nothing about the symptoms in the case, and was unable to say whether any were passed during life.

Dr. Abbot reported a case of aneurism of the heart. Dr. Fitz showed the specimen. This case was published, in the report of the Society for Medical Improvement, in a previous number of this JOURNAL.

Dr. S. D. Hayes, who was present by invitation, read a paper on poisoning by arsenical paper-hangings, and he also exhibited a large number of papers which he had analyzed. He advised the use of the sulphide of ammonium test for the detection of arsenic in wall-paper, as being more accurate than the tests ordinarily employed in such cases. The theory that the poisoning was due to the chemical action of coal gas on the pigments was not generally accepted. The garlic smell perceived in rooms hung with arsenical paper, which has been brought forward as an argument in support of this theory, has also been observed in rooms where no coal gas was used.

Adjourned.

#### MASSACHUSETTS MEDICAL SOCIETY.

##### FIRST DAY'S PROCEEDINGS.

THE anniversary meeting of the Society began on Tuesday, June 4th, in this city.

The morning hours were occupied by visits to the wards and operating-amphitheatres of the Massachusetts General Hospital and of the City Hospital.

At noon the Fellows assembled in the hall of the Lowell Institute. Dr. Ebenezer Hunt, the Vice President, occupied the chair. Papers upon medical subjects were read by their authors as follows:—

1. Alfred L. Haskins, M.D., Diseases of the Cæcum and Appendix.
2. B. H. Tripp, M.D., Adipocere.
3. Charles P. Putnam, M.D., the Food of Infants.

VOL. IX.—No. 23b

At 2, P.M., the Society took a recess of two hours, after which it listened to a paper by B. J. Jeffries, M.D., on the Value of the Ophthalmoscope in Diagnosis to the General Practitioner.

At the conclusion of the reading, a number of the members reported cases of interest occurring in their practice, and an informal discussion occurred on various medical topics.

Adjourned at 6, P.M.

##### COUNCILLORS' MEETING.

At half past seven in the evening the Councillors of the Society, to the number of nearly seventy, assembled for their annual meeting, at the rooms, No. 36 Temple Place. The President, Dr. S. A. Fiske, occupied the chair.

The Secretary's records of the last meeting were read and approved.

The President appointed a nominating committee, consisting of one Councillor from each District Society, to present a list of officers for the ensuing year.

Dr. Shattuck reported for the Library Committee, the receipt during the year of various pamphlet publications and other additions to the library. The Committee recommended the sale of the accumulated past publications of the Society, and the gift to the Public Library of Boston, or to some other such institution, of the books, mostly old ones, at present in the library and scarcely ever consulted.

The report was accepted, and authority given to the Committee to execute its recommendations.

The Treasurer, Dr. Minot, read his annual report, by which it appeared that the receipts for the past year have amounted to \$9,916.43, and that the expenditures were \$8,633.53, leaving a balance in the treasury of \$1,282.90. The diminished surplus, as compared with the previous year, was accounted for partly by the smaller receipts on account of the tardiness of the District Society Treasurers, and partly by the increased expenses.

The report, with the accompanying Auditors' report, was approved.

The Committee on Publications reported through Dr. Shattuck that the Communications and Proceedings of the Society had been published and circulated with all the despatch possible considering their increased number and amount. They also reported the receipt from the Trustees of the Boston City Hospital of five hundred copies of the Medical and Surgical Reports of the Hospital, for gratuitous distribution among the Fellows.

On motion of Dr. J. B. S. Jackson, the thanks of the Councillors were voted to the Trustees of the Hospital for this large donation.

The President announced the various Standing Committees for the coming year.

Dr. Lyman reported for the majority of the Special Committee appointed to consider the petition of certain members of the Essex South District Society, residing in Lynn and vicinity, to be organized as a new District Society, that the granting of the petition would not appear to subserve the best interests of the State Society, and recommended, therefore, that the petitioners have leave to withdraw.

The report, after the presentation of a minority report and full discussion, was adopted.

The Secretary read a communication from Dr. N. S. Davis, of Chicago, forwarding, in behalf of a committee of the American Medical Association, a report and resolutions favoring the examination by Censors of young men intending to study medicine, to pass upon their fitness therefor. The documents were laid on the table.

Drs. Alonzo Chapin, Bronson and O. Martin were appointed a committee to present to the Society for its concurrence, the resolutions passed at the last meeting of the Councillors approving and supporting the action of Harvard University in modifying the course of medical study with a view to raise the standard of medical scholarship.

The Committee on Nominations reported the following as the officers for the ensuing years, and they were elected by ballot:—

*President.*—Dr. George C. Shattuck.

*Vice-President.*—Dr. B. E. Cotting.

*Corresponding Secretary.*—Dr. C. D. Homans.

*Recording Secretary.*—Dr. C. W. Swan.

*Librarian.*—Dr. D. H. Hayden.

*Treasurer.*—Dr. Francis Minot.

The following appointments were made for the next anniversary meeting:—*Orator*, Dr. C. E. Buckingham. *Anniversary Chairman*, Dr. O. C. DeWolf. *Committee of Arrangements*, Drs. C. D. Homans, R. M. Hodges, A. P. Hooker, J. N. Borland, Robert Amory and A. H. Nichols.

On motion of Dr. Lyman, a unanimous and enthusiastic vote of thanks was tendered the retiring President, Dr. S. A. Fiske, for the able and faithful manner in which he had conducted the affairs of the Society, especially during the recent trying period of its history.

Dr. Fiske responded feelingly and appropriately, claiming, he said, no credit for

aiding an attempt to uphold the honor of the Society and its right to clear itself of all irregular practices.

At 9.30, the meeting adjourned, to partake of a collation provided by direction of the Committee of Arrangements.

## Selected Papers.

### ON THE USE OF NITRATE OF SILVER IN TESTITIS AND CARBUNCLE.

By GEORGE COWELL, F.R.C.S., Senior Assistant Surgeon to Westminster Hospital.

The uniform success in my hands, during the last five years, of the use of the solid nitrate of silver, in cases of testitis and anthrax, has led me to recommend the more general adoption of this mode of treatment in these cases, as I am sure it requires only that its eminently satisfactory results should be known.

And first as to testitis. The ordinary commencement of the treatment of swelled testicle in the acute form is still too frequently the application of leeches. Of late years the plan of puncturing, with a thin, sharp knife, the tunica albuginea of the hard and painful testicle, as recommended by Mr. Henry Smith, has been tried by many surgeons, and with, certainly, generally favorable results. The former mode of treatment I have long given up; the latter I have been willing and anxious to try; but so favorable and prompt has been the effect of the application of nitrate of silver, that I have not once had an opportunity of doing so.

The plan I adopt is the following:—The scrotum is held in such a way that the portion of it which surrounds the swollen testicle is rendered—if not already so—sufficiently tense to present a tolerably smooth surface of skin. This is first wetted by means of a sponge, or, better, by a piece of lint, previously dipped in water, and the solid nitrate of silver is then carefully and equally applied over the whole testicle. A suspensory bandage and rest are, of course, prescribed, and such general treatment as may be required. Pain disappears in from two to six hours, and this is accompanied and followed by a gradual diminution of the swelling, the reduction being generally about one-third during the first three days. Considerable smarting occurs for a short time after the application, and sometimes there is some vesication. The further treat-



ment of the case becomes exceedingly simple.

During the last five years I have treated in this way a large number of cases, and only twice has the application failed to reduce both pain and swelling: in both of these the appearance of the skin of the scrotum showed that the remedy had been but partially applied, and in both the symptoms were rapidly removed by a second and more careful application of the caustic. The rapid effect of this treatment is still more marked in cases of double testitis; the whole skin and dartos of the scrotum contracts firmly around the testes, speedily relieving the engorgement of the capillaries and seeming to produce a gentle uniform pressure on the swollen organs. I have never known abscess to occur in any case treated with nitrate of silver.

In both the forms of anthrax—carbuncle and boil—the application of the solid nitrate of silver affords the most speedy means of cure. One looks back, with feelings almost akin to horror, at the heroic plan of treating carbuncles, sometimes enormous in their size, by crucial incisions; cases, too, occur to one's memory in which, in spite of this operative procedure, the carbuncle still went on increasing in size; where, in fact, the incisions not only did no good, but positively did harm, by the shock to the patient and the increased risk of pyæmia. A lecture upon this subject by Sir James Paget appeared in the *Lancet*, Jan. 16th, 1869, in which he strongly condemned this mode of treatment.

The treatment he recommends is at first a piece of emplastrum plumbi with a hole in the centre; then resin cerate on lint, covered over with a large poultice (half linseed and half bread); and then, later, the careful application of carbolic acid lotion, or some other deodorizing fluid. With these measures must, of course, be combined cleanliness, fresh air, and a careful regulation of diet.

I have found, however, that the duration of carbuncle is very materially diminished and its extension cut short, by preceding this treatment by the application of nitrate of silver freely over its surface, repeated, if necessary, once or twice after intervals of two days. Immediately after the application, a small soft pad of dry lint is applied and retained by means of a piece of strapping and a bandage. The after treatment is the same as Sir James Paget recommends, except that the poultice will be unnecessary, and the internal administration of iron or other tonic will generally be found useful.

Boils are treated in the same way, and will seldom require a second application of the caustic.

The *modus operandi* of the application of nitrate of silver in these cases seems to be the energetic stimulation, and consequent contraction, of the capillaries and small arteries of the part, whereby engorgement is diminished, the vessels are placed in a condition for returning to a healthy function, and morbid exudation is diminished, arrested and removed.—*London Practitioner*.

THE USE OF GLYCERINE AS A SOLVENT IN HYPODERMIC INJECTIONS.—Dr. M. Rosenthal calls attention, in the *Wiener Medizinische Presse* for January 7, 1872, to the power which glycerine possesses to dissolve various of the substances which are ordinarily used in hypodermic medication. Its solvent powers are greater than those of water, and are very much increased by heat. Thus, a fluidrachm of glycerine, when heated, will readily dissolve twenty grains of the sulphate of quinia, from ten to twelve grains of the acetate or muriate of morphia, and ten grains of the extract of opium. Morphia may be added to a solution of quinia in glycerine without causing a precipitate. It will also dissolve from half a drachm to one drachm of the iodide or bromide of potassium, and four grains of corrosive sublimate. These substances are not precipitated as the liquid cools; on the contrary, the solution will remain clear and fit for use during at least a year.—*Med. Times*.

TO DETECT SULPHURIC ACID IN VINEGAR.—An ounce of the vinegar to be examined is put into a small porcelain capsule, over a water-bath, and evaporated to about half a drachm, or to the consistence of a thin extract; when cool, half a fluidounce of stronger alcohol is to be added and thoroughly triturated. The free sulphuric acid, if present, will be taken up by the alcohol to the exclusion of any sulphates. Allow the alcoholic solution to stand several hours and filter; to the filtrate add one fluidounce of distilled water, and evaporate the alcohol off by gentle heat, over a sand-bath; when free from alcohol it is set aside for several hours and then again filtered. To the filtrate, acidulated with hydrochloric acid, add a few drops of a solution of chloride of barium, and a white precipitate of sulphate of barium will result, if the sample of vinegar has been adulterated with sulphuric acid.—*Amer. Jour. of Phar.*

## Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 6, 1872.

We willingly relinquish our editorial space in the present number of the JOURNAL in order that we may present a full report of the dignified and seasonable address of Dr. Fiske before the Massachusetts Medical Society at its Anniversary Dinner. We feel assured that such a temperate and unprejudiced review of the vexed questions which have recently been brought to prominent notice in the Society will secure the special attention of all our readers.

### ADDRESS

Of Dr. Samuel A. Fiske, of Northampton, in reply to the following toast:—

"The welcome which has just been so heartily awarded to the President elect finds a counterpart in the feelings of regret with which we release the retiring President from the responsibilities of office. Parting from us with the grateful remembrance of his dignified and judicious administration, he will carry with him the cordial good wishes of every Fellow of the Massachusetts Medical Society."

I thank you, Mr. Chairman, for the kind manner in which you have alluded to my official relations with the Massachusetts Medical Society.

Within the last two years, during which time I have had the honor to occupy its chair, questions involving the integrity, the honor, and possibly the future usefulness of the Society have arisen.

After a long and careful examination of these questions, I am compelled to say that I think they have been met in the most judicious and dignified manner, and in the only way in which the well-being and harmony of the Society can be preserved.

The action which has brought this Society so prominently before the public has not only been made necessary, if it would stand honorably before the medical world, but necessary for unity and good fellowship among its members. That action, Mr. Chairman, looking to the expulsion of Fellows violating its code of ethics, was neither an attempt to prevent any physician from practising any system of medicine he pleased, nor an attempt at martyrdom, nor a persecution for opinions entertained, as certain persons against whom the Society proceeded have attempted to make the public believe.

They allege that they have been "persecuted," because they have forsaken an old

system for a new one. Let us, for a moment, look at this statement and see how the case stands.

Modern medical science, as taught by this Society, is not and cannot be an old system. It is not only progressive, but it is a rapidly advancing science. Its researches, pushed with an ardor that laughs disease and pestilence, and almost death itself to scorn, make it necessary that the life of the scientific physician should be that of an industrious and laborious student, if he would keep pace with its rapid advancement. Modern medical science—the great principles of which are adopted and inculcated by the Massachusetts Medical Society—with an abnegation of sectarian pride, lays all sciences, all arts, all knowledge under contribution, and culls from every source anything and everything which it finds useful in mitigating disease, or as an assistant to nature in righting herself if thrown wrong; it plucks, even from the filthy channels of quackery, any pure gem should it appear in its mass of rubbish, and places all, gratuitously, upon the altar of humanity.

This Society, Sir, claims that the result of ages of the industrious working of the intellect of the medical seekers after truth, is not in vain; and while "it recognizes no SPECIAL THEORY, but, on the contrary, proclaims entire freedom from the bonds of all narrowing hypotheses," it declares that the best talent of all time and of all countries has not been employed in heaping together an empty pile of nothingness, to be puffed away by the breath of ignorant enthusiasm, insane imagination or charlatan pretension. It says: "It is not possible that the two hundred thousand physicians who now have the health of the civilized world in their charge, many of whom are the glory of the country and the ornament of the age in which they live, should be so mistaken as to yield their undoubted confidence to a mass of error. *It deals in no mysteries*; its magazines of knowledge are open to all who choose to examine; it does not profess to have secret depths which ordinary intellects cannot fathom."

Such is modern medical science; and such the broad and liberal foundations of the Massachusetts Medical Society, which says to all and every physician in the Commonwealth, properly educated in the science of medicine, we welcome you to our fellowship, to our protection and to our honors.

Now, as you are aware, Mr. Chairman, a score or so of the members of this Society

have seen fit to abjure the broad principles of medical science and to repudiate the result of medical researches of all time. They have adopted as their system an exclusive dogma, which dogma is based, not upon a knowledge of human anatomy, physiology, pathology, chemistry, hygiene, &c., but which is simply empirical, requiring only a knowledge of the symptoms, not of the causes of disease, and of certain infinitesimal remedies which, they claim, produce similar symptoms to those of disease. I state this upon the authority of the author and founder of their system.

This dogma, from its very nature, shuts off all progress and all improvement, for any advancement on their part is at once a departure from and an abandonment of their exclusive dogma; and if they advance from this position they then cease to practise what they profess to, and cease to be what they call themselves. If, as the author and founder of their system declares, "everything of a really morbid character, and which ought to be cured, consists solely in the sum total of the symptoms, by which the disease demands the medicine requisite for its relief, whilst, on the other hand, every internal cause, every occult quality, or imaginary material morbid principle is nothing but an empty dream," it follows that the "peasant or the priest" can practise our divine art as well as the most thoroughly educated and scientific physician.

Now, Sir, if the Massachusetts Medical Society is broad in its foundations and broad in its principles, why has it arraigned certain of its members for "practising or for professing to practise according to this exclusive dogma"?

They have been arraigned, because this Society, more than twenty years ago, pronounced the practice of medicine according to exclusive dogmas contrary to the principles upon which it was founded, and formally requested those who practised according to such systems to withdraw from its membership; and, having forbidden those who "practise or who profess to practise according to any exclusive dogma" to enter our organization, the anomaly of a few Fellows being permitted to publicly denounce and attempt to bring into disfavor the principles of the Massachusetts Medical Society, and yet remain in it unrebuked, became obnoxious to almost the entire body of Fellows; it also became a national medical scandal, and brought indignity upon the Society from the American Medical Association, and criticism in European medical circles and journals.

They have been arraigned, because, while they are members of the Massachusetts Medical Society, they do, by applying opprobrious epithets to the other Fellows who practise rational medicine, and by denouncing the principles of this Society and by proclaiming to the world that they have not only a new but the only true method of practice, insult daily the other twelve hundred Fellows.

They have been arraigned, because, while they claim to be in good and regular standing among its Fellows, they thus compel this Society to appear to endorse what it regards as vagaries and delusions, thus placing it in a false position before the public.

They have been arraigned, more especially, because practising, or pretending to practise, according to this exclusive dogma, they have established an exclusive Society, composed to a considerable extent of irregular practitioners, many of whom have had little or no scientific education, in opposition to the Massachusetts Medical Society; and thus have violated a By-Law forbidding any Fellow from making "any attempt to disorganize or to destroy this Society."

You remember, Mr. Chairman and gentlemen, that the honored President of Harvard University told us, at this table last year, in most lucid speech, that "the University has lately taken a great step as regards medical education;" by which its standard, and its requirements for a degree of Doctor of Medicine, are placed far above those of any other medical college in the United States. He asked, at the same time, for the "approbation and support" of the medical profession in this "grave change which has taken place in the Medical School of the University," adding that "the very existence of this ancient Society is a pledge of the support of the profession in every wise attempt to raise the standard of medical education; for," he added with emphasis, "this Society exists mainly to guard the profession on the one hand, and the community on the other, against ignorance and imposture."

That approbation and that support we have deliberately resolved to give to this attempt to furnish better educated and more competent physicians to the community. Thus pledged, should we not be recreant to our obligations and forfeit the respect of the public if we permit Fellows longer to remain amongst us, unrebuked, who are thus affiliating with irregular practitioners, many of whom have not had any scientific education, in a Society established for the

purpose of overthrowing the principles of this Society, and to advance an empirical system?

As you are aware, Sir, at our last annual meeting, this Society again pronounced, emphatically, that "practising, or professing to practise, according to an exclusive dogma," was contrary to its principles and By-Laws; and it gave those members who had adopted any exclusive system time to put themselves in accord with the Society, or else to withdraw peaceably from it. Failing to pursue either of these honorable courses, charges against the accused were made *in the usual form*, according to By-Laws, which all members, on entering the Society, subscribe to, and agree to abide by. A Board of Trial was convened, precisely as in the other cases of alleged violation of By-Laws. The accused were notified that they might appear and be heard.

But, *as if in acknowledgment of guilt*, they attempted to escape conviction by appealing to the Supreme Judicial Court for a writ of injunction against the Massachusetts Medical Society, before their case was fairly brought before it.

In this instance, as in all others, where proper forms are complied with, an injunction was granted, temporarily restraining the Society from executing its laws against the accused, until the cause shall be heard by the Court. In due course of time, this matter will be reached, and there is but little, if any, doubt, that the rightfulness of its Acts and the authority of this Society to execute its own By-Laws will be sustained.

To thus obstruct a Society in executing By-Laws, which they pledged themselves to conform to, and abide by, the accused have committed an act looked upon as highly dishonorable; for which act alone, a Medical Society in a neighboring State recently expelled a member, in a most peremptory manner. And what more dishonorable act can a Fellow commit, than to voluntarily join a Society, give a solemn pledge to abide by its laws, and then appeal to the Court to escape the consequences of violating those laws?

Thus far, in these proceedings, the Society has acted with quiet dignity and decorum, and strictly in accordance with its laws—and according to its custom in such trials. With its high sense of honor, it has always refrained from publishing charges against members before conviction, and has always shielded the accused from publicity, by giving them private trials. The present instance is the only one in the history of

this Society where parties accused have published their own misdemeanors, and then endeavored to escape the penalties of acknowledged violation of laws of their own voluntary acceptance, by raising the cry of persecution.

This outcry of persecution, by these recalcitrant members, is by no means a new one. It has been the resort of quackery in all times. Why, Sir, in the early part of this century, within the memory of some of our older Fellows, Dr. Perkins, of Norwich, Connecticut, having, as he claimed, discovered a new and an infallible method of curing the ills that flesh is heir to, by passing little metallic points over diseased parts, repudiated and denounced the science of medicine. He claimed, not only a new, but a superior method of treating disease, as the exclusive dogmatists of our day do. The Connecticut State Medical Society pronounced his pretensions to be arrant quackery, and expelled him from that Society. He raised the "cry of persecution for opinion's sake." The newspapers took it up and attempted to ridicule the regular physicians, charging them, as they have recently charged the physicians of our Society—with "old fogysm," and with "clinging to an old and worn-out system."

Why, Sir, one would suppose, in reading the newspapers of that time, and some of our day, that undertook to lecture, last fall, the Massachusetts Medical Society, that the same old Rip Van Winkles occupied the editorial chairs now that did then.

When this cry of persecution was raised by the advocates of Perkinism, clergymen in considerable numbers, Professors in Literary Institutions—some jurists, besides the less distinguished in the community, *but more especially the women*, rallied to the support of the new delusion. Loud and bitter were the denunciations against the regular school of medicine.

Perkins and his system went to Europe; and there he and it were patronized by the wealthy—the great and the noble. Physicians of rational medicine, failing to see anything but quackery in his pretensions, made that declaration. Then, they were there, as the physicians were here, bitterly denounced. Ridicule and caricature were added to other means, by which attempts were made to bring the science of medicine into disrepute. A long, satirical poem, filled with lampoons, and insulting to the scientific medical men of England, went through a number of editions. The advocates of Perkinism insisted upon its being introduced and employed in the general

hospitals, as was done in some of those upon the continent.

*In the city of London large sums of money were raised, for the purpose of erecting a hospital for the exclusive use of patients to be treated by this quack system. Surely, Mr. Chairman, history repeats itself in quackery, as it does in other fashions.*

That, like other delusions, attracted the attention of, and dazzled the impulsive and the credulous for a while, who, mistaking the ignis-fatuus for a new luminary, declared that a new order of things was to prevail—and looked upon the sun as an "old foggy," to be superseded. Soon, however, this Will-o'-the-wisp disappeared; and to-day, in all the wide world, the system of Perkinism is discarded, and there is not one so poor as to do it or the memory of its author reverence.

Men, it has been well said, think in herds; it will be seen that they go mad in herds, while they only recover their senses slowly, and one by one.

In concluding, Mr. Chairman, I would emphatically repeat the sentiment of the most prominent of the founders, and the first president of this Society, uttered on his centennial birth-day, at a public dinner given in his honor, by the Medical Faculty of Boston, Salem and vicinity.

"THE MASSACHUSETTS MEDICAL SOCIETY.

"May it flourish and prosper; may it continue to improve the Art for which it is instituted, to the utmost of its wishes, and be the means under Providence of alleviating the pains and evils of life, and of promoting the happiness of society, by suppressing quackery, and rendering the business of the profession as perfect as the nature of things admit."

#### BAD SYMPTOMS FOLLOWING VACCINATION.—

In conversation with different medical men, we learn of severe symptoms following vaccination. One gentleman has reported in the JOURNAL two cases with death as the sequel. Very many of us have seen severe erythema; some speak of abscess.

Will gentlemen oblige their medical brethren, by reporting such cases as were under their observation? Will they let us know when there have been bad symptoms, how many of them have followed primary vaccinations; how many have followed secondary vaccinations? How many have followed the virus supposed to be from the human subject? and how many that supposed to be from the heifer? Will gentlemen tell us the proportions of failures of

one or the other virus? Will they report cases where they have afterwards discovered that syphilis or scrofula or some other bipedic disease, or hoof ail or some other quadrupedic disease, existed in the original focus?

There is no reason why we should not speak plainly.

#### TREATMENT OF DELIRIUM IN SMALLPOX.—

Dr. Harris Ross, in a paper on the late smallpox epidemic at Brighton, remarks that, with regard to the use of stimulants, he believes that in ordinary cases they do more harm than good, but of their value in complicated cases he has seen marked instances. A very useful remedy in the delirium which so often accompanies confluent smallpox he has found to be one ounce of brandy, thirty minims of nepenthe, and a little warm water. He has seen patients raving and running about the wards, who within an hour of taking this dose were in a quiet slumber, and were invariably better the next day. He has tried chloral repeatedly, but has not found it answer anything like so well as the brandy and nepenthe. In severe cases he believes alcohol may sometimes do harm. A young woman was sent in with confluent smallpox of a very severe character, who had been taking brandy and port wine every three hours. She had no sleep for several nights, and was very delirious. Dr. Ross stopped all stimulants, put her on a simple farinaceous diet, and found her on his next visit much improved, and she ultimately recovered. Amongst the various methods of preventing pitting, as collodion, solution of gutta-percha in chloroform, strong solution of caustic, &c., he cannot say that anything appeared to him to have any effect except keeping the room dark. The plan advised by a recent writer, of touching all the pustules with strong carbolic acid by means of a camel's-hair brush, he thinks would be dangerous, at least in a state of confluent smallpox.—*Lancet*.

STRYCHNIA IN ALBUMINURIA.—Brignoli (*British Medical Journal*, October 28; from *La Sperimentale*), besides recommending nux vomica in various neuroses, gastralgia, dyspepsia, cardiac palpitations, periodic cough, &c., states that he has observed it to have a marked effect in retarding the progress of albuminuria, especially the scarlatinal form with anasarca. He cites twelve cases of complete recovery.—*Med. Times*.



## Medical Miscellany.

**APPOINTMENT.**—Dr. S. A. Green, City Physician, has been elected Superintendent of the Boston City Hospital.

**RESIGNATION.**—Dr. Wm. Read has resigned his position as one of the Board of Consulting Physicians of Boston.

**LONDON OBSTETRICAL SOCIETY.**—The election of Dr. C. E. Buckingham, of this city, to the Obstetrical Society of London was recently noted in this JOURNAL. We are informed that the honor of membership has been extended also to Dr. W. L. Richardson, of Boston; and that among the honorary members is included the name of Dr. Walter Channing, the only Fellow of the Massachusetts Medical Society who at present possesses that distinction.

**BOYLSTON PRIZES.**—At the annual meeting of the Boylston Prize Committee, held June 3d, 1872, a prize of \$200 was awarded to J. Collins Warren, M.D., of Boston, for the best essay offered on the subject of "The Pathology of Malignant and Semi-malignant Diseases." A prize of \$150 was also awarded for the best essay on the "Pathology and Treatment of Sunstroke," to Dr. Horatio C. Wood, Jr., of Philadelphia, Pa.

**SPONTANEOUS DISLOCATION OF HIP DURING SCARLATINAL DROPSY.** By JOSEPH SMITH, M.R.C.S.—H. T., aged 6 years, had an acute attack of scarlatina, followed by most severe renal affection. The dropsy was very general; the legs, scrotum, abdomen and face, being much swollen. The urine was highly albuminous, becoming solidified by heat and nitric acid. During this stage, he complained of great pain night and day in the region of the left hip. Shortening of the limb became evident, and at first it was thought that hip-disease had occurred. It, however, proved to be spontaneous dislocation of the femur, the head of the bone resting on the dorsum ilii. The dislocation could be easily reduced, but very shortly returned. Convalescence went on very gradually, and a stout leather case to lace up the thigh, with a band round the abdomen, was made by Best, of Birmingham, and carefully applied. The little patient improved, the bone remains in its proper position, and he very soon was able to walk well. At the time when I left Birmingham, he appeared to have regained perfect health.—*Brit. Med. Jour.*

**ON SIMPLE DISLOCATION OF THE OS INNOMINATUM.**—Mr. C. Holthouse, of Westminster Hospital (*The Practitioner*), reports two cases of this nature, which he has recently met with in his practice, and gives the notes of the only other cases, five in all, which had been previously published by other surgeons, in only three or four of which had the injury been diagnosed during the life of the patient. Of the cases narrated, including his own, two were caused by falls from a height, one by heavy weights falling on the front of the pelvis, two by pressure and two by blows. In most of

them the displacement was upwards and backwards.

The only accidents with which this injury is likely to be confounded are fractures of the pelvis, and of the cervix femoris. The method of measuring the degree of shortening from the iliac spine to the lower border of the patella will exclude the latter; the true character of the injury being indicated by the mobility of one side of the pelvis, and the absence of true bony crepitus. Five of the cases reported recovered with more or less lamina. Mr. Holthouse considers a favorable prognosis warrantable, especially in the case of a young subject and when uncomplicated. There seemed to be no reason why, with moderate extension, manipulation, and a sustaining bandage, these cases might not have recovered with very little deformity.—*Med. Record.*

**IMPROVED TESTS FOR SACCHARINE URINE.**—Dr. Seegen's modification of Trommer's test consists in the preliminary filtration of urine through animal charcoal. This removes the uric acid and other matters which interfere with the action of Trommer's test, and leaves a colorless fluid, which is highly sensitive to the test. It is a delicate qualitative, but not a quantitative method.—*Brit. Med. Jour.*

**PAMPHLETS RECEIVED.**—Present State of Electro-Therapeutics. By A. D. Rockwell, M.D., New York.—The Duty on Books—Argument on behalf of the Book Trade Association of Philadelphia, before the Finance Committee of the Senate, May 23, 1872. By Henry Carey Baird. Pp. 10.

*Deaths in seventeen Cities and Towns of Massachusetts, for the week ending June 1, 1872.*

Cities and Towns.	No. of Deaths.
Boston . . . . .	136
Charlestown . . . . .	23
Worcester . . . . .	28
Lowell . . . . .	20
Milford . . . . .	7
Chelsea . . . . .	10
Cambridge . . . . .	13
Salem . . . . .	11
Lawrence . . . . .	6
Springfield . . . . .	5
Lynn . . . . .	14
Taunton . . . . .	8
Newburyport . . . . .	6
Somerville . . . . .	6
Fall River . . . . .	17
Haverhill . . . . .	2
Holyoke . . . . .	7
	317

### Prevalent Diseases.

Consumption . . . . .	54
Pneumonia . . . . .	25
Scarlet fever . . . . .	22
Measles . . . . .	15

There were twelve deaths from smallpox: eleven in Boston and one in Charlestown.

GEORGE DERRY, M.D.,  
Secretary of State Board of Health.

**DEATHS IN BOSTON** for the week ending Saturday, June 1st, 136. Males, 79; females, 57. Accident, 3—abscess, 2—abortion (criminal), 1—bronchitis, 4—inflammation of the brain, 2—congestion of the brain, 2—disease of the brain, 5—cyanosis, 1—cancer, 2—cerebro-spinal meningitis, 3—cholera infantum, 2—consumption, 24—convulsions, 4—croup, 1—debility, 2—dropsy, 1—dropsy of brain, 4—drowned, 1—erysipelas, 4—scarlet fever, 6—disease of the heart, 5—hemorrhage, 2—intemperance, 1—infantile, 3—disease of the kidneys, 3—disease of the liver, 3—congestion of the lungs, 3—inflammation of the lungs, 9—marasmus, 4—measles, 6—old age, 1—paralysis, 1—pleurisy, 1—premature birth, 1—peritonitis, 1—pyæmia, 1—disease of prostate, 1—puerperal disease, 2—smallpox, 11—tetanus, 1—unknown, 1.

Under 5 years of age, 50—between 5 and 20 years, 19—between 20 and 40 years, 33—between 40 and 60 years, 15—above 60 years, 19. Born in the United States, 94—Ireland, 30—other places, 12.